



## Unclaimed Funds Claim Form

Print Name:	Phone Number:
Street Address:	Social Security Number:
City:	Date of Birth:
State:	Zip Code:
Amount of Claim:	Case Number / Identification Number:

Under penalties of perjury, I certify that the information provided on this claim is true and I am the owner of the funds. In consideration of the issuing of a check for unclaimed funds, I hereby agree to indemnify the County of Milwaukee against any loss which it might sustain as a result of the payment.

Signature: \_\_\_\_\_  
(must be notarized)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath deposes and says that \_\_\_he is the person who signed the above statement that \_\_\_he has read the same and knows the contents thereof, and that the same is true of h\_\_own knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Seal Required

(See reverse side for complete instructions)